

**Table 1: Histologic differentiation of testicular and ovarian sex cord stromal tumors in children and adolescents, their relative frequencies, characteristic age at presentation and associated genetic aberrations [2, 4–6]**

<b>Histology</b>	<b>Testis</b>	<b>Ovary</b>	<b>Age</b>	<b>Genetic aberration</b>
Juvenile granulosa cell tumor (JGCT)	++	+++	Infancy/ Childhood	Ollier
Adult granulosa cell tumor (AGCT)	-	+++	Adulthood	<i>FOXL2</i>
Sertoli-Leydig cell tumor (SLCT)	-	+++	Adolescence	<i>DICER1</i>
Gynandroblastoma*	-	++	Adolescence/ Adulthood	<i>DICER1</i>
Sertoli cell tumor	+++	(+)	Childhood/ Adulthood	-
Large cell calcifying Sertoli cell tumor	++	-	Childhood	PJS**
Sclerosing stroma tumor (SCLER)	-	+	Adolescence	-
Sex cord tumor with annular tubules (SCTAT)	-	+	Adolescence/ Adulthood	PJS**
Steroid tumor (STER)	-	+	Adolescence	-
Thecoma (THEC)	-	++	Adolescence	-

\* The designation gynandroblastoma refers to ovarian tumors, which show significant proportions of both Sertoli-Leydig cell and juvenile granulosa cell tumor differentiation.

\*\* PJS: Peutz Jeghers syndrome